COLLABORATIVE REGIONAL BENCHMARKING GROUP

ETT care in critical care

Aim Provide guidance on nursing care for an endotracheal tube in critical care.

Scope All adult patients in critical care with an endotracheal tube.

AT EACH SHIFT

Assess and document

- ETT security
- Lip-level tube length
- Tube size and type
- Secretions: type, amount, consistency and colour
- Closed-suction change date
- Subglottic aspirate
- 4-hourly cuff pressure
- Mouth/lip skin integrity

CONSIDER

- Subglottic ETT
- Humidification
- Daily sedation hold
- Skin integrity
- Safe cuff pressure
- Oral access
- Securement options
- Suction options
- PPE for AGPs and IPC

STANDARD ENDOTRACHEAL TUBE CARE

1	Ensure the planned oxygen and humidification[2] are delivered.
2	Suction when clinically indicated. If available, aspirate the subglottic port at least every 4 hours[5].
3	Keep cuff pressure at 20–30 mmHg using an automated constant-pressure device or manometer. Check at least every 4 hours[3,4].
4	Provide oral care at least every 4 hours[3,7].
5	Reposition the ETT at least every 4 hours. Monitor skin integrity[6] and ensure the securement device suits the patient[1].
6	Consider a daily sedation hold with the multidisciplinary team (MDT).

REHABILITATION

- Regular physiotherapy
- Follow local weaning plans
- Consider a tracheostomy with the MDT when appropriate

SAFETY FIRST

- Know the patient's "Grade of Intubation"[1,2]
- Continuous capnography[5]
- Bag-valve mask and emergency intubation equipment available
- Working suction available
- Higher-risk procedures: sedation hold, oral care and patient turns

RISK OF DISPLACEMENT

See your unit's full guidelines for more information.

Version 4 · 2026

	References
1	The Royal College of Anaesthetists and The Difficult Airway Society (2011) NAP4 : Major complications of airway management in the United Kingdom
2	Guidelines for the Provision of Intensive Care Services V3 (GPICS)(2026) The Faculty of Intensive Care Medicine / Intensive Care Society.
3	Department of Health (2011) High Impact Intervention Care bundle to reduce ventilation-association pneumonia. HCAI High Impact Interventions
4	Lorente, L., Lecuona, M., Jiménez, A., Mora, M. L. and Sierra, A. (2007) Influence of an endotracheal tube with polyurethane cuff and subglottic secretion drainage on pneumonia. American Journal of Respiratory and Critical Care Medicine. 176(11), pp.1079-1083 cited in Mallett, J. Albarran, J. & Richardson A. (Eds) (2013) Critical Care Manual of Clinical Procedures and Comprtencies. Chapter 5. Wiley Blackwell.
5	NICE (2014) Pressure ulcers: prevention and management. Clinical Guidance CG179
5	Muscedere J et al. Comprehensive evidence-based clinical practice guidelines for ventilator-associated pneumonia: prevention. Journal of Critical Care 2008, 23:126-37
6	NICE (2014) Pressure ulcers: prevention and management. Clinical Guidance CG179
7	Collins T, Plowright C, Gibson V, Stayt L, Clarke S, Caisley J, Watkins CH, Hodges E, Leaver G, Leyland S, McCready P, Millin S, Platten J, Scallon M, Tipene P, Wilcox G. British Association of Critical Care Nurses: Evidence-based consensus paper for oral care within adult critical care units. Nurs Crit Care. 2021 Jul;26(4):224-233.